

City Council
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City of Long Beach



Parks & Recreation Department

Acting City Manager
Donna Gayden

Acting Commissioner of
Parks & Recreation
Joseph Brand

CITY OF LONG BEACH ICE ARENA

150 WEST BAY DRIVE, LONG BEACH NY 11561

516-705-7385

2020 In-House Fall Hockey Program

"Skills Clinic & Simulated Game Play"

Program Fee: \$395.00 – Goalies Free

Payable by Cash, Check (make to City of Long Beach) or Credit Card (Visa or MasterCard only)

For ages 6 through 10 for both boys & girls

Program Begins: Friday, October 16th

Program Ends: Monday, December 14th

Excluding Friday, November 27th

Mondays 5:15PM-6:15PM

Fridays 4:30PM-5:20PM

I, the parent or guardians of the child below, give permission and approval for his/her participation in the Long Beach Recreation Department's Hockey Program. I further agree to explain to my child the Codes of Conduct set forth by the Long Beach Recreation Department that are posted on the Recreation Department's website www.longbeachny.org/rec and will follow those rules that apply to me as a parent and spectator. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which my child may appear while participating in Recreation Programs and grant permission for publication or use of those images.

The City of Long Beach Ice Arena reserves the right to refuse or accept any member for participation in the clinics. Players must provide their own Ice Hockey equipment.

NO REFUNDS – NO EXCEPTIONS!

NAME _____ GOALIE – YES _____ NO _____

ADDRESS _____

AGE _____ DOB _____ GENDER _____ TELEPHONE # _____

PARENT NAME _____ E-MAIL _____

EMERGENCY CONTACT _____ PHONE # _____

Arena Use Only

Amount \$ _____ Date _____ Staff Initial _____

Payment Method (circle one): Cash - Credit or Check# _____

CITY OF LONG BEACH
Parks and Recreation Department
Waiver and Release of Liability

READ BEFORE SIGNING

In consideration of being allowed to participate in the City of Long Beach Department of Parks & Recreation programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, potentially life-threatening, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation along with the members on the attached official roster if applicable; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from: An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;
5. In consideration of having the opportunity to participate in the City of Long Beach Department of Parks & Recreation programs, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify The City of Long Beach Department of Parks & Recreation, and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the above activities. I indicate my agreement to this hold harmless elective noted below.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name: _____

Participant Signature: _____

DATE SIGNED: _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

DATE SIGNED: _____ Emergency Phone Number: (____) _____